

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

**IN RE: CONSUMER RIGHTS AND CLIENT NEEDS
TECHNICAL ADVISORY COUNCIL**

February 18, 2020
1:30 P.M.
Cabinet for Health and Family Services
Café Conference Room
275 East Main Street
Frankfort, Kentucky 40601

APPEARANCES

Emily Beauregard
CHAIR

Miranda Brown
Arthur Campbell
Patty Dempsey
TAC MEMBERS

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Christi Atkinson
AETNA BETTER HEALTH

Jason Dunn
KENTUCKY VOICES FOR HEALTH

Johnny Callebs
THE COLUMBUS ORGANIZATION

Shatonya Woods
PERSONAL ATTENDANT
FOR ARTHUR CAMPBELL

AGENDA

1. Welcome and Introductions
2. Approval of Minutes
3. Enrollment & Recertification
 - * What is the current call volume, wait time and % of dropped calls for the DCBS call center?
 - * Is there any opportunity for consumers and advocates to have input into call center design?
 - * What plans does DMS have for additional O&E planning, communications and implementation?
 - * Copays
4. SUD and Re-entry
 - * What is the status of DMS' request to CMS to maintain the SUD expansion and IMD exclusion?
 - * Is there any OIG oversight of sober living facilities?
5. KI-HIPP Enrollment Updates
 - * What is the status of outreach and enrollment?
 - * How many enrollees have lost Medicaid or KI-HIPP eligibility?
6. Public Charge Rule
 - * When will the letter/bulletin be ready to publish and what are the plans to distribute?
7. 1915(c)Waivers
 - * What are the next steps for redesign?
 - * What is the status of the rate memo?
 - * What is the status of issues reported at last meeting:
 - Home health agencies telling workers that they will not be paid for holidays and that workers can only get groceries at a particular store?
8. ADA guidelines related to making accommodations for disabled individuals to participate in TAC and/or MAC meetings - TAC members and DMS staff
 - * What is the status of DMS providing personal assistance, interpretive services, transportation, and overnight accommodations as necessary to ensure full TAC/MAC participation?
 - * What process will an advisory committee member need to follow to request assistance/accommodations?
9. Recommendations for the March 2020 MAC meeting
10. Upcoming Meetings
 - * MAC: March 26, 2020, 10:00 a.m.
 - * TAC: April 21, 2020
11. Adjournment

1 MS. BEAUREGARD: It is a little
2 bit after 1:30, so, we're going to go ahead and get
3 started. Thanks, everyone, for making time for this
4 meeting. I know it's been really busy with our
5 Legislative Session going on.

6 Let's start with
7 introductions. So, we'll have TAC members introduce
8 themselves, go around the table and then around the
9 outside of the room.

10 (INTRODUCTIONS)

11 MS. BEAUREGARD: Thanks,
12 everyone. The first item on our agenda is to
13 approve the minutes. We I think at our last
14 meeting, December 17th, we didn't have the November
15 4th minutes to review and approve. So, those should
16 have been shared with everyone at that meeting. I
17 believe I forwarded that meeting and, then, we also
18 have our December 17th minutes.

19 So, hopefully everyone has had
20 a chance to look at those. Are there any
21 corrections that need to be made? I didn't see
22 anything personally.

23 MS. BROWN: I didn't either.

24 MS. BEAUREGARD: Can I get a
25 motion to approve the minutes from November 4th and

1 December 17th?

2 MS. BROWN: I'll make a motion.

3 MR. CAMPBELL: I second.

4 MS. BEAUREGARD: All in favor,
5 say aye. Opposed? Motion carries. Minutes are
6 approved for November 4th and December 17th.

7 The next item on our agenda is
8 enrollment and recertification. These are a number
9 of issues that I put under this section, and we
10 wanted to get some additional information about the
11 call center and enrollment and recertification
12 issues that might be happening when people are
13 calling in and trying to work on something with
14 their application.

15 And, then, we have one other
16 item that we wanted to just add related to the
17 copays.

18 But why don't we start with
19 the first in terms of the call center volume and
20 wait times and people being dropped. Who is going
21 to speak to that?

22 COMMISSIONER LEE: I'll speak
23 to that. So, we have been looking at the numbers
24 and they're not very good. On Friday, February
25 14th, the center took 19,070 calls. So, that's one

1 day - 19,070. Their abandonment rate was about 23%.
2 So, a pretty high abandonment rate.

3 Monday, yesterday, they took
4 17,601 calls. The abandonment rate was about 34%.

5 So, we are discussing that
6 internally trying to determine how to move forward.
7 We think it's definitely going to be more involved
8 than just Medicaid and contracts and stuff. We have
9 to get our IT folks involved.

10 So, we are going to have some
11 workgroups and we would be more than happy, Emily,
12 for someone to sit in on those workgroups with us.

13 We periodically or I
14 periodically call the 800 number just to see what's
15 going so. So, if you all want to do that, too, and
16 kind of give some recommendations on that first
17 greeting, that would be good.

18 So, that is something that we
19 definitely want to look at and we want to improve.

20 MS. BEAUREGARD: Great.

21 COMMISSIONER LEE: And I think
22 that goes down to the next bullet - outreach and
23 enrollment for uninsured children.

24 We do know that, for example,
25 Georgetown University released a report a few months

1 ago showing that the number of uninsured children in
2 Kentucky is on the rise, something we are concerned
3 about.

4 And we do have plans to create
5 a formal outreach and enrollment strategy, but the
6 discussion is, as you know, we need to get those
7 phones working first, so, we need to work on that.
8 We do have an enrollment strategy.

9 Another thing that we're
10 looking at that's related to this is our paper
11 application. We still do have a paper application
12 that individuals use. I think it needs to be
13 updated. There are a few addendums that have been
14 added to that. So, that's another thing we're
15 looking at as far as enrollment and recertification.

16 And I guess I can just skip
17 right on down to the next bullet about how
18 stakeholders can be involved. Of course, we will
19 bring plans to the TAC meetings like this. We'll
20 definitely include you all in our planning,
21 communications and implementation.

22 Looking back at some of our
23 most successful outreach campaigns, of course, when
24 we did away with the need for the face-to-face
25 interview, we were very reliant on our community

1 partners such as our advocacy organizations to help
2 get the word out there and help enroll those
3 individuals. So, we're looking at maybe increasing
4 the number of Assisters that are out in the
5 community to assist with that.

6 So, again, as far as
7 enrollment and recertification, our priorities are
8 to reduce barriers to entry into the program. So,
9 there will be more information forthcoming on those
10 specific activities as we start ramping up and we'll
11 be more than happy to include you guys in those
12 conversations.

13 MS. BEAUREGARD: That's
14 fantastic. One thought that I had about Medicaid
15 Free Care being implemented hopefully in the next
16 school year is that there would be a great
17 opportunity there to really work on outreach and
18 enrollment in schools, and with FRYSCs and community
19 health workers and Application Assisters all working
20 together with school systems.

21 COMMISSIONER LEE: So, again,
22 we're looking at a lot of different things. I'm not
23 sure if you're aware that CMCS, the Center for
24 Medicare and CHIP Services, actually has an outreach
25 tool kit on their website and states can go out and

1 pull down posters. CMCS will actually customize
2 those for states with telephone numbers, contact
3 information and, then, the states would be
4 responsible for pulling those out.

5 So, we don't have to recreate
6 the wheel. They have that information. We could do
7 some of that, pull those down and put them in
8 backpacks in the back-to-school campaigns, things
9 like that.

10 And I think with the term free
11 care, I think that's----

12 MS. BEAUREGARD: It's a
13 terrible term.

14 COMMISSIONER LEE: What we have
15 been saying in some of our latest communications is
16 one of our priorities is to expand access to care in
17 schools, medical care, and, so, it's expanding
18 access. So, that's how we've been kind of referring
19 to it. I don't know if it's too late to kind of
20 switch that language around.

21 MS. BEAUREGARD: We try not to
22 use free care in public communications. We call it
23 expanding school health services or something like
24 that. But I think you're right, we should probably
25 do a better job of teaching ourselves not to say

1 free care.

2 COMMISSIONER LEE: But that
3 will be a really good opportunity when we get that
4 up and running is to include some of those materials
5 in the schools and I think we're almost ready with
6 the technical guide. We're getting pretty close to
7 finalizing that. So, that will be something else
8 that we will be looking at.

9 MS. BEAUREGARD: Arthur, did
10 you have a question or a comment?

11 MR. CAMPBELL (By Interpreter:)
12 May I ask how many people do you have to take calls
13 and how long does each call take?

14 COMMISSIONER LEE: I'm not sure
15 how many people we have on the phones right now. I
16 can try to get that information. I think we have
17 several different lines coming in. We have a few
18 different numbers.

19 So, I can try to get that
20 information, but I do know that each call lasts
21 about twenty minutes or so.

22 MR. CAMPBELL (By Interpreter:)
23 Eighteen thousand. That is an awful lot of time if
24 each of them take twenty minutes.

25 COMMISSIONER LEE: That is

1 quite a bit of time on each call and it depends on
2 the level of care, the questions that the
3 individuals are asking as to what it takes.

4 So, we are looking at some
5 other avenues, too, such as what they call automated
6 voice response where they can actually get their
7 eligibility, if they're just calling to check on the
8 eligibility status, that they can get that
9 information rather than having to go through all of
10 those phone systems or go through the call center.

11 MS. BEAUREGARD: You probably
12 heard a lot of this feedback already from
13 Application Assistors and others and obviously the
14 caseworkers who are answering those calls, but I
15 think that there's also just a lot of duplication
16 where if an issue isn't resolved with that first
17 call and, then, it doesn't resolve with the next
18 call.

19 Some of it is just system
20 efficiencies or the caseworkers being able to
21 process a document or having the right information
22 the first time so that people aren't getting
23 different answers from different workers where I
24 think you can still cut down on a lot of the volume
25 just because people get the right help the first

1 time.

2 Miranda can probably say a lot
3 more about that.

4 MS. BROWN: I feel like a lot
5 of times, people call multiple times because they
6 weren't given the right information the first time
7 but also because maybe they were told the documents
8 couldn't be processed over the phone.

9 And, so, then, they try
10 something else and what they really need to do is
11 get an Application Assister or go in to the office
12 or maybe it would be just easier to go ahead and
13 help them the first time because then it eliminates
14 the reason for them to have to call again.

15 MS. BEAUREGARD: We recognize,
16 too, that notices and the RFI's are a big part of
17 this. So, we're really grateful that Carrie Banahan
18 has already started to work on that and the
19 workgroup around notices I think is going to be a
20 huge help because I think it plays into the call
21 center volume. It's not exactly the same but I
22 think that there's an overlap there. So, we're
23 excited about that.

24 And I'm assuming this is going
25 to be a separate workgroup related to the call

1 centers?

2 COMMISSIONER LEE: Because it's
3 all eligibility-related, so, there's a lot of
4 overlap. So, we'll take that back, but I think it
5 makes sense to have one and work on one issue and
6 then the next.

7 MS. BEAUREGARD: Well, we would
8 really like to be involved. So, Carrie has already
9 invited me and Rich Seckel from Kentucky Equal
10 Justice to be part of the notices' workgroup, but if
11 there's an opportunity to help with the call centers
12 more broadly, that would be great.

13 One thing we had talked about
14 at the last meeting was the handbook. I think that
15 John was maybe going to bring a copy of the
16 handbook. And since he's not here, that might not be
17 something we can see today, but at least that's what
18 was in our notes, but there were some questions
19 about how the call centers were described and where
20 that information was.

21 And one thought that we had -
22 and this is without knowing all the details - but is
23 there a way to on one page we could have each call
24 center with basically what you would call - the DCBS
25 line or the Medicaid line or the KI-HIPP line for

1 these various issues just to have the one page that
2 Application Assistors and even consumers going on
3 the website could see a little bit more easily.

4 MS. SMITH: Emily, did I send
5 you the draft, which it's pretty big because it's
6 got a lot in it, that who-to-call list that had kind
7 of that as a starting point?

8 MS. BEAUREGARD: Yes. And that
9 is, of course, on the 1915(c) side right?

10 MS. SMITH: Yes, but it could
11 be expanded because it's basically just a table and
12 it says here's my issue, here's who I call.

13 MS. HUGHES: The handbook, I
14 believe, is out on the website.

15 MS. BEAUREGARD: Where is it
16 because I looked around?

17 MS. HUGHES: It should be on
18 the member page but I'm not going to make you a
19 guarantee that it is.

20 MS. BROWN: I couldn't find a
21 link to it and it would be helpful if it were
22 somewhere accessible.

23 MS. BEAUREGARD: Somewhere a
24 little bit more obvious or easy to get to.

25 MS. HUGHES: When you go to our

1 website, right on the very top of the DMS website,
2 it says Member and you click on that and it takes
3 you to the member page. So, it should be right on
4 that page.

5 COMMISSIONER LEE: We'll go
6 back and look and see if we can find it.

7 MS. BROWN: I couldn't find it.

8 MS. HUGHES: I've asked that it
9 be put there anyway. I'll look and see.

10 MS. BEAUREGARD: Thank you.
11 And, Arthur, did you have a question? I think that
12 was something that you were wanting to look at, too.

13 MR. CAMPBELL (By Interpreter:)
14 I'm going to talk over my head. Have you thought
15 about making an app that can pick out who called and
16 what it's about? That might help.

17 COMMISSIONER LEE: I think I
18 got making an app that----

19 INTERPRETER: Making an app of
20 who called.

21 MR. CAMPBELL (By Interpreter:)
22 Who has called before and what it was about.

23 MS. BEAUREGARD: You mean the
24 main reasons that people are calling the call center
25 to identify what the top issues are, questions.

1 MR. CAMPBELL (By Interpreter:)
2 No. I am trying to save time for DMS.

3 MS. SMITH: So, is this
4 something that, Arthur, it would be a place that you
5 could go, instead of calling, that you could go and
6 you could see that information?

7 MR. CAMPBELL (By Interpreter:)
8 No. Right now, people call two or three or more
9 times and if there was some way to identify that
10 person and what they want in a minute and direct
11 that person to the right place.

12 MS. BEAUREGARD: That's kind of
13 what we're thinking. If there are five call centers
14 and people are calling for a number of issues, is
15 there a better way for those to be designed so that
16 they can get to the right place a little more
17 quickly.

18 Without knowing what you're
19 already capturing, I think it's hard for us to have
20 more input but a workgroup I think would be a great
21 place for it.

22 DR. THERIOT: But even adding
23 on to what he just said is including not only why
24 they called but who they talked to.

25 MS. BEAUREGARD: I guess we

1 assumed, just like with most call centers, I would
2 assume that the person who took the call, like,
3 somehow it would be logged in there for internal
4 reports, but to be able to sort of do a deeper dive
5 on that I think would be really helpful.

6 One thing that I've actually
7 talked with Miranda's colleague about at Kentucky
8 Equal Justice, Betsy Davis Stone who is a Health Law
9 Fellow, she has been assisting people as well with
10 these call center calls and trying to get them
11 either recertified or enrolled, and she is on the
12 line and really helping to facilitate these calls
13 and said that sometimes you really do get different
14 information, depending on who you talk to.

15 And, so, she had talked to
16 some of her clients to see if they would be open to
17 you all pulling their calls and they have documents.
18 They log them pretty well. So, it would be easy to
19 identify and just listening to those calls to sort
20 of identify where, like, information isn't
21 consistent or something is kind of falling apart or
22 breaking down.

23 So, there's one person in
24 particular that I'm thinking of that she's already
25 gotten that approval from, but I think if that's

1 something that would be helpful for you, we can ask
2 more clients if they would be willing to do that.

3 COMMISSIONER LEE: Specific
4 examples are always good to look at.

5 MS. BEAUREGARD: Yes, because
6 we want our input to be helpful as you're trying to
7 really drill down and figure out where the problem
8 areas are.

9 MS. BROWN: Betsy and I keep a
10 log of every call that we make to the call centers
11 and what happened in the course of that call, and my
12 log doesn't have anyone's name on it. I just put
13 case numbers so I can trace it back to a person if
14 we need to. So, we can share.

15 COMMISSIONER LEE: It would be
16 good to get some specific examples, particularly if
17 you have one issue that spans more than three or
18 four calls so that we can kind of see if there's
19 some sort of pattern.

20 MS. BEAUREGARD: That's what we
21 were thinking, the ones that are really hard to
22 resolve and take multiple calls.

23 Another issue that I think was
24 brought up at the Kentucky Health Benefit Exchange
25 meeting last week was related to dire need and it

1 sounded like there was going to be some additional
2 information put out about how to process dire need
3 applications and I think that will really help with
4 certain issues.

5 Anything else related to the
6 call center that people want to discuss now?

7 Does that one-pager sound like
8 something that we could maybe potentially work on
9 either with this workgroup that Carrie Banahan is
10 leading or should we do it through the TAC? What
11 would be the best way?

12 COMMISSIONER LEE: I think----

13 MS. BEAUREGARD: Maybe building
14 on what Pam already has.

15 COMMISSIONER LEE: Which would
16 be the quickest would be the route to take, I would
17 think.

18 MS. HUGHES: I don't think
19 you're going to get it as a one-pager. I think the
20 ones Pam showed us----

21 MS. BEAUREGARD: I consider a
22 one-pager to be front and back.

23 MS. HUGHES: Okay, but I think
24 Pam's was already like fifteen pages.

25 MS. SMITH: We're working on

1 modifying it because a little bit of that has
2 changed with changes in November. So, Kelly has
3 already been working on it. So, we can look at it
4 and see.

5 MS. BEAUREGARD: If we make it
6 an online page, it can also be a scroll down as long
7 as it needs to be but just all in one place.

8 MS. HUGHES: Our OATS' people
9 won't let you scroll very far down. They fuss.

10 MS. BEAUREGARD: So, just going
11 back to the handbook real quick, Sharley, I just
12 looked all over the place and----

13 MS. HUGHES: I did, too, and
14 I've already sent out web person an email and told
15 her to get the handbook from John and get it on the
16 member page immediately or as quick as possible.

17 MS. BEAUREGARD: And I think
18 the other confusion for consumers probably or
19 beneficiaries is when would you use the Medicaid
20 member handbook versus when would you refer to your
21 MCO handbook, so, just having a clear idea of where
22 you go for information.

23 MS. HUGHES: I think that's
24 going to make it really hard for it to be a one- or
25 two-pager is because so much of the stuff you have

1 to contact----

2 COMMISSIONER LEE: I think on
3 the web page, though, it has if you're enrolled in
4 this MCO, it's got a telephone number.

5 MS. HUGHES: Every one of our
6 Member Services' pages has the MCO contact
7 information.

8 MS. BEAUREGARD: The MCO
9 contact information is there, but if people don't
10 know when to call or when to refer to the DMS
11 handbook or call the DCBS number versus call their
12 MCO. That's what I'm saying. Like, they need to be
13 directed to the right place the first time ideally.

14 We've even had situations
15 where the call center or the DCBS office will say
16 you need to contact your MCO and the MCO will say
17 you need to contact DCBS or DMS and that obviously
18 puts somebody in a bind because they tried both.

19 MS. BROWN: I see Arthur's
20 point about an app. What I'm thinking, maybe a one-
21 pager could be this in a shorter, faster way, but
22 the idea of having a way that people can ask a
23 question and get referred to the right number in a
24 quick way, and that way when they call the number,
25 it's the right one because there are so many

1 different questions people might ask.

2 MS. BEAUREGARD: It could be
3 like an on-line decision tree.

4 MS. BROWN: Even if it's a one-
5 pager, if it's formatted in the way of like, do you
6 have these kind of questions, do you have these kind
7 of problems, this is who you call rather than call
8 center number, call center number because people
9 won't know what that means either.

10 MS. BEAUREGARD: No. You have
11 to have some amount of direction for each or a
12 description of when you call this number for what.
13 So, a one-pager, everyone is right, it probably
14 wouldn't be technically on one sheet but some all-
15 in-one-place kind of guide.

16 Well, whatever we can do to
17 make that happen I think we're very much interested
18 in helping and we can bring other Application
19 Assistants in on that.

20 We touched on everything else
21 in that section. So, does anybody have any other
22 questions? You wanted to talk about copays. Let's
23 do that.

24 MS. BROWN: At a previous
25 meeting, we had talked about copays and I think we

1 were waiting to see if anything was going to change
2 with copays, too, but while we have been paying
3 copays, it would be good to have the Fact Sheets
4 updated because there are Fact Sheets on the website
5 for members and providers but I think some of the
6 information needs to be updated, particularly I
7 think what the provider screens are showing.

8 MS. BEAUREGARD: We talked
9 about this at our December meeting and, then, I
10 think at that time, we had the impression that
11 things were going to change pretty rapidly, that the
12 copays were going to go back to being optional.

13 And we know that that might
14 still be a longer-term plan, but for the time being,
15 we want those Fact Sheets to be accurate so that
16 people have the right information.

17 COMMISSIONER LEE: We'll go out
18 and look at those to make sure they are current.

19 MS. BEAUREGARD: And those are
20 on both the member and the provider page. When they
21 were created is the only version and that was like
22 November of 2018.

23 MS. BROWN: So, probably at
24 least the Federal Poverty Levels need to be changed.

25 MS. BEAUREGARD: Right. There

1 are a few other things. Stephanie Bates, we have
2 been in email conversations about those and I think
3 she is aware of some of the things that need that
4 need to change. So, it could be that it wasn't a
5 priority knowing that things were going to
6 eventually be reversed.

7 MR. CAMPBELL (By Interpreter:)

8 May I ask something?

9 MS. HUGHES: Certainly.

10 MR. CAMPBELL (By Interpreter:)

11 I'm on SSI which means I only get \$800 a month, and
12 last month I got a letter saying all of my copay, it
13 will be paid for.

14 I don't have to pay it, but my
15 question is people who are not on SSI and get over
16 \$800, what is the cutoff amount that it pays for?

17 MS. HUGHES: That they have to
18 pay, that the member pays? It's 5% of their
19 quarterly income.

20 MR. CAMPBELL (By Interpreter:)

21 I'm asking how much a month can a person get over
22 \$800 and still have a copay paid for.

23 INTERPRETER: The question is
24 how much can you get if a person don't get SSI? How
25 much will they pay for?

1 COMMISSIONER LEE: Who pays the
2 copay.

3 MS. HUGHES: If you're under
4 100% of the Federal Poverty Level, which don't ask
5 me what that is, Arthur, because I don't know. It
6 does vary based upon family size.

7 MR. CAMPBELL (By Interpreter:)
8 I've been asking that for thirty years and no one
9 can tell me what is a poverty line.

10 MS. BEAUREGARD: The Federal
11 Poverty Line, I think Jason just pulled it up.

12 MR. DUNN: And this was when
13 this was first created in 2018. So, it's a little
14 bit behind. I'm looking at the actual copay stuff.
15 So, for one person, it's \$1,012 per month. It's a
16 little bit higher than that now.

17 MR. CAMPBELL: Thank you.

18 MS. BEAUREGARD: And I think
19 there has been a little bit of confusion with copays
20 related to the 1915(c) versus people covered under
21 MCOs.

22 And Stephanie had emailed
23 those a while back about this but I'll just say it
24 as a reminder that beneficiaries in 1915(c) waivers
25 are subject to the copays that were implemented on

1 January 1, 2019, but I think the difference is that
2 there aren't copays for 1915(c) services but there
3 are for State Plan services. That's accurate,
4 right? And, so, there's been a little bit of
5 confusion there.

6 MR. CAMPBELL (By Interpreter:)
7 Will you say that again?

8 MS. BEAUREGARD: So, the copays
9 that we're talking about, these mandatory copays
10 that were implemented January 1st of 2019, they
11 apply for State Plan services but not for the waiver
12 services. Does that make sense to you?

13 MR. CAMPBELL (By Interpreter:)
14 Yes and no.

15 MS. BEAUREGARD: And, then, if
16 you are under 100% of the Federal Poverty Level, you
17 shouldn't be turned away for any services. They
18 might ask you to pay but you can't be turned away,
19 although we know that that has happened. People
20 don't always know that they have that right and,
21 then, people working in doctors' offices don't
22 always follow these rules or know them.

23 MS. COLLINS: So, if they're
24 getting services because of their waiver, so, it's a
25 waiver service----

1 MS. BEAUREGARD: A waiver
2 service should not.

3 MS. COLLINS: ----then, you
4 would not get a copay, but if you're getting the
5 service because the waiver doesn't cover it, and,
6 so, your Medicaid is still covering it, then, you
7 potentially may have a copay is what I'm hearing.

8 MS. BEAUREGARD: But, then, if
9 you're under 100% of the Federal Poverty Level----

10 MS. HUGHES: Yes. They can't
11 force you to pay it.

12 MS. BEAUREGARD: ----they
13 can't turn you away, but I really say they shouldn't
14 turn you away because we know that that does happen.
15 It might not happen in your case, especially if
16 you're going to providers that know you, but if
17 you're going to a different provider and they don't
18 know the rules, it can happen.

19 MR. CAMPBELL (By Interpreter:)
20 I'm not asking for me.

21 MS. COLLINS: I was just giving
22 that as a clarification. And I will tell you that I
23 don't think we've been getting a lot of calls like
24 that.

25 MS. BEAUREGARD: Right. I've

1 asked you about it and you said that. So, I didn't
2 put it on the agenda again because it didn't seem
3 like it was an ongoing issue.

4 MS. COLLINS: But if that
5 changes.

6 MS. BEAUREGARD: But we're
7 hopeful that copays will one day be optional again
8 and that will be waived by the MCOs. So, until
9 then, updated Fact Sheets would be great.

10 So, the next item on the
11 agenda is the SUD and reentry. I primarily just
12 wanted an update on DMS' request to keep that
13 expansion and the IMD exclusion. Have you heard
14 back from CMS?

15 COMMISSIONER LEE: We have not
16 heard back from CMS yet, but most of the SUD
17 services that were included in that 1915(c) waiver
18 are also in our State Plan.

19 MS. BEAUREGARD: Right. It was
20 IMD exclusion.

21 COMMISSIONER LEE: The IMD
22 exclusion is the big thing. So, we have reached out
23 to CMS and, of course, CMS is having some internal
24 changes also. They're having a reorganization
25 internally. So, it's taking them a little bit

1 longer to get back to us.

2 MS. BEAUREGARD: But for now
3 you're still operating with those services and the
4 exclusion, right? Nothing is changing.

5 COMMISSIONER LEE: No, nothing
6 is changing.

7 MS. BEAUREGARD: Okay. And,
8 then, in terms of sober living facilities, my
9 understanding from people that I have talked to in
10 the reentry community is that the facilities aren't
11 really regulated.

12 There's not licensure and that
13 many of them are turning people away who are on
14 medication-assisted treatment, MAT, and that they're
15 being told that they can't live in these sober
16 living facilities, that they're not set up to manage
17 MAT or that they don't have a place for people to
18 store their medicines, whatever it might be.

19 And we think that pretty
20 clearly goes against the Fair Housing Act; but,
21 aside from that, we just really want to know how we
22 can work on getting more sober living facilities
23 that are of quality and that people can rely on
24 while they're trying to reenter.

25 COMMISSIONER LEE: And I'm not

1 sure how to answer that question. I believe
2 somebody from maybe OIG should be here to answer
3 that.

4 MS. BEAUREGARD: That would be
5 good for the next meeting.

6 COMMISSIONER LEE: Or somebody
7 from maybe Behavioral Health might be able to assist
8 with that, too.

9 MS. HUGHES: We actually got an
10 email the other day - I don't know if this created
11 the concern - about some folks in Lexington that are
12 being I think kicked out of a sober living facility.
13 They were promised stuff and they're not.

14 And, so, our Ombudsman
15 received an inquiry and I sent it to our Behavioral
16 Health folks and DMS. So, they said it needed to go
17 through BH/DID and to Dr. Brenzel. So, you may want
18 to reach out to Dr. Brenzel.

19 MS. BEAUREGARD: Would you be
20 able to invite him to the next TAC meeting?

21 MS. HUGHES: I can. I don't
22 know what is availability will be.

23 MS. BEAUREGARD: Or if he's not
24 available, someone else.

25 COMMISSIONER LEE: Or a

1 representative from that area.

2 MS. BEAUREGARD: That would be
3 great.

4 COMMISSIONER LEE: We'll ask
5 Commissioner Morris to see who she would like to
6 send.

7 MS. BEAUREGARD: There's just
8 so much good reentry work going on and knowing that
9 these facilities can be taken advantage of people or
10 discriminating against people who are on MAT, I feel
11 like that's an area where we could really improve.

12 MR. CAMPBELL (By Interpreter:)
13 I thought that I wouldn't have to make a comment on
14 four, but it is real important. I didn't know what
15 it meant until you began talking about it and it hit
16 me real hard, real hard.

17 I had two aides who have
18 mental problems and they abused drugs but they
19 couldn't get into a program because if you take
20 medicine for mental problems, you can't get into a
21 program.

22 MS. BEAUREGARD: Some of the
23 treatment facilities do either discourage or won't
24 accept people with any sort of medication, like
25 antipsychotics and that sort of thing but I don't

1 think that that's true of all SUD treatment
2 programs. The Healing Place is one of them that I
3 know of that you can't take medicine while you're
4 there.

5 MR. CAMPBELL (By Interpreter:)
6 We have looked and looked and no place in Louisville
7 will take a person, and right now one aide is
8 homeless and lives out on the street.

9 MS. BEAUREGARD: There's a real
10 problem and I'm assuming they would be Medicaid
11 eligible.

12 MR. CAMPBELL (By Interpreter:)
13 They have Medicaid.

14 MS. BEAUREGARD: Yes, but just
15 not access to the treatment that they need to get,
16 and I think there's a website that was developed
17 that had information on all the various treatment
18 facilities.

19 MS. BROWN: Is that Find Help
20 Now?

21 MS. BEAUREGARD: Yes, that's
22 right. It's findhelpnowky.org.

23 MS. HUGHES: .org or .gov?

24 MS. BEAUREGARD: It's .org. It
25 was at least a collaboration with the State and it

1 has CHFS' logo here, Public Health is on here, but
2 the University of Kentucky I think is the one that
3 is managing it and created it. So, maybe that's why
4 it's a .org.

5 I don't know if it has
6 information off the top of my head - I haven't
7 looked at it for a long time - about whether or not
8 they accept people on MAT or with behavioral health
9 meds or other types of chronic disease treatment
10 needs, but that would be something to definitely
11 add.

12 And, then, of course, if there
13 is any OIG role here, it would be helpful to take
14 that into account, too.

15 MR. CAMPBELL (By Interpreter:)
16 I'm sorry that I'm taking up time but this is an
17 issue.

18 MS. BEAUREGARD: It is a real
19 issue. I'm just trying to think who we would - I
20 think that the State has a role here because
21 obviously they've partnered with the University of
22 Kentucky, maybe even contracted with the University
23 of Kentucky to create that website. I'm just not
24 exactly sure.

25 So, if there's a way to look

1 at who would be the right person to talk to about
2 making updates there. And, of course, if we could
3 get these facilities to stop denying people who need
4 medication, that would be even better.

5 So, the next item on our
6 agenda is the KI-HIPP enrollment update.

7 MS. SHIELDS: Outreach. We've
8 had no mass mailings since the ones last year where
9 we touched everyone at the time.

10 However, when new applicants
11 come in for Medicaid, if they indicate they have
12 access to or are enrolled in employer-sponsored
13 insurance, they get one of the two notices, either
14 access or enrolled in.

15 For our enrollment, we have
16 622 as of this morning. Three hundred and fifty of
17 those enrolled is in our HCB waiver population,
18 those folks, and, then, we have 272 that are non-
19 waiver members in there.

20 Of course, we get a daily
21 report but it's as of March, 2019. Some of our
22 numbers are cumulative and others like the 622,
23 that's as of today, but as of May of 2019, 70 folks
24 lost Medicaid eligibility and, then, we had ten KI-
25 HIPP members lose eligibility but they lost their

1 health coverage through their employer. It wasn't
2 anything through us. Anything else?

3 MS. BEAUREGARD: No. I was
4 going to say we also saw that the KI-HIPP regulation
5 has been filed. So, we really, really appreciate
6 the work that you all have done on that.

7 MS. SHIELDS: It's a good
8 program. It can always be better but the more
9 Medicaid individuals we can get on the program, the
10 more non-Medicaid members we can actually get
11 because if it's cost effective, we can enroll that
12 whole family.

13 We have one particular family,
14 it's Mom and Dad, ten children. Only one child is
15 in the waiver program but the family premium is cost
16 effective. So, we're covering eleven non-Medicaid
17 individuals that could possibly not have health
18 coverage.

19 MS. DEMPSEY: I'm not sure I
20 understood that. What was that again?

21 MS. SHIELDS: We have one
22 family that has Mom and Dad and ten children. Only
23 one of the ten children are Medicaid eligible. They
24 are in the Medicaid waiver program, but it is cost
25 effective for us to pay the family premium. So, we

1 are getting Mom, Dad and nine children that are not
2 Medicaid eligible covered under insurance.

3 MR. DUNN: You're paying the
4 employee's share of the premium.

5 MS. SHIELDS: Yes. I'm sorry.

6 MS. HUGHES: They're not
7 covered under Medicaid.

8 MR. DUNN: Right. Not the
9 entire family premium but the employee's share of
10 that. And I think the new amended-after-comments
11 regulation has put some important guardrails in
12 there so people understand what could happen if they
13 lose their KI-HIPP and Medicaid coverage.

14 MS. BEAUREGARD: We really like
15 the employer form.

16 MS. SHIELDS: We really want to
17 outreach to the employers to say, hey, this is a
18 qualifying event.

19 MR. DUNN: It at least puts
20 them on notice that that's something that would be a
21 hardship for them if they lost it. So, that's good.

22 MS. SHIELDS: Yes. Slowly but
23 surely we're getting there.

24 MS. BEAUREGARD: Thanks for
25 working with us on it. Any other questions about

1 KI-HIPP before we move on?

2 There was one comment the
3 other day that someone made about going from the
4 HIPP program to KI-HIPP. You were in that meeting,
5 Teresa.

6 MS. SHIELDS: Yes.

7 MS. BEAUREGARD: And that there
8 was a little bit of confusion about who to reach out
9 to, I guess, and you had provided an email address.
10 Is that on the website?

11 MS. SHIELDS: It is. I hope
12 so. It should be because we've tried to keep
13 everything updated.

14 MS. BEAUREGARD: You have a lot
15 of good information. I wasn't sure if that was
16 something new that you had put in place.

17 MS. SHIELDS: It's the KI-HIPP
18 email address.

19 MS. BEAUREGARD: Okay. I think
20 we can move on to the next item which is the Public
21 Charge Rule and I know that there's been a lot of
22 work on that letter which might turn into a
23 bulletin. Is there any update on when it might go
24 out?

25 COMMISSIONER LEE: We do have

1 it pretty much finalized. We used basically the
2 letter that you gave us but made just a few updates.

3 I think that the plan is to
4 put it on the website and that way individuals can
5 go out and pull that down and it would be on
6 letterhead, of course, and maybe a bulletin, too.

7 Timing, I think, is maybe
8 going to be pushed out just a little bit just to
9 give some of the bills that are going through the
10 Session time to maybe see what's going on with some
11 of those so that we don't raise any red flags when
12 we put that out on the website. So, April.

13 MS. BEAUREGARD: April. That's
14 good to know. Thank you.

15 The next item on the agenda is
16 the 1915(c)waivers and just any updates from Pam
17 about the redesign and the rate memo.

18 MS. SMITH: So, we have slowed
19 down a little bit with redesign. Part of that is
20 getting new staff members up to date. Part of that
21 is making sure that we have accounted for based on
22 some of the public comments that we have accounted
23 for any unintended consequences on any changes that
24 rates would cause, that different assessment tools
25 would cause.

1 So, we're working on
2 evaluating that and there will be more. We sent a
3 letter out. It went out through that distribution
4 list that we use that basically just said we're
5 still in the process but we've slowed down a little
6 bit and that we'll have more information that will
7 come out with a timeline.

8 We in particular are making
9 sure we're moving forward with the changes that are
10 going to make it easier for individuals and less
11 burdensome for services to be provided.

12 So, patient liability, that
13 change did go into effect in January. We're looking
14 at the consistency of definitions and those types of
15 things, so, making sure that those things happen but
16 there will be more information on that to come as
17 far as timeline and our moving forward.

18 MS. BEAUREGARD: Is that
19 related to the regulations and the rate memo?

20 MS. SMITH: That is for really
21 redesign in general and with rates in particular.

22 MS. BEAUREGARD: So, you're
23 thinking maybe July isn't going to be when
24 regulations are filed at this point?

25 MS. SMITH: Probably not at

1 this point considering we're almost at the end of
2 February.

3 MS. BEAUREGARD: Thank you for
4 the update. Did you have a question?

5 MR. CAMPBELL (By Interpreter:)
6 Oh, oh. In other words, we can't get our aide a
7 decent rate after June?

8 MS. COLLINS: Arthur, why don't
9 you elaborate.

10 MR. CAMPBELL (By Interpreter:)
11 I have been raising this issue for about five years,
12 and the last time I heard they was going to begin to
13 allow us to raise the aide's pay after June.

14 MS. COLLINS: And specifically,
15 Arthur - do you want me to help you out?

16 MR. CAMPBELL: Thank you.

17 MS. COLLINS: You're welcome.
18 You're in Participant-Directed Services, and
19 currently under the Home- and Community-Based Waiver
20 specifically, so, outside of the SCL and Michelle
21 P., in PDS, there's a cap that took place
22 approximately five years ago.

23 And I remember exactly when it
24 happened to where that's all he can pay. That's the
25 total pay which actually resulted in Arthur having

1 to cut the pay substantially from his staff which
2 resulted in him losing staff in the community
3 because they had to take \$3 and \$4 cuts in pay.

4 And, so, what was told here at
5 the last meeting and publicly is that looking at the
6 PDS rates, specifically for HCB, but all, those
7 would be raised up to where it would be the same as
8 other like agency rates, so, people would have the
9 ability to pay at a higher.

10 That \$11.25 essentially is not
11 because living in a rural area, that's a very
12 difficult - it's a challenge.

13 MR. CAMPBELL (By Interpreter:)
14 Okay. Something else. Last month, I did my
15 recertification. I got a letter from the Cabinet
16 saying that my budget was over \$55,000. I don't
17 remember how much over but me (Mr. Campbell points
18 to interpreter) but I'm making about \$25,000. Where
19 is the rest of that money going? Thank you.

20 INTERPRETER: I don't make
21 \$25,000 but twenty-two.

22 MR. CAMPBELL (By Interpreter:)
23 Think of this. I can't pay my aide slave rates.
24 Think of that. Think of that.

25 MS. SMITH: So, Arthur, I'm

1 going to look into this letter first and, then, I
2 will make sure as we continue to talk about the
3 rates, that this side of the comments is still as
4 equally thought about as some of the other feedback
5 that we have received because I believe it is
6 really, really important because in HCB in
7 particular, and it was four to five years ago when
8 HCB II started that they did receive a dramatic
9 decrease in their rates and it is different than the
10 other waivers as far as the structure.

11 MR. CAMPBELL (By Interpreter:)
12 One more thing and I will shut up at this meeting.
13 I forgot.

14 MS. HUGHES: That's all right,
15 Arthur. That happens to me a lot.

16 MS. BEAUREGARD: I have a
17 feeling that that can't be the last thing you're
18 going to say because of the next item.

19 MR. CAMPBELL (By Interpreter:)
20 I meant on this issue. One more thing.

21 I will ask. If I go out and
22 hire someone myself and don't use the agency, why
23 can't I pay at least \$50,000 to my aide? Why can't
24 a person that ain't in an agency can't get that
25 money? Something ain't right.

1 MS. COLLINS: Because that's so
2 important to a lot of people.

3 INTERPRETER: A lot of people.

4 MS. COLLINS: This was really
5 going to totally change things for Arthur in terms
6 of getting staff and having access to staff and even
7 being more involved in the community. And now that
8 it's going back till indefinite, we don't know, I'm
9 sure it's very frustrating.

10 MR. CAMPBELL (By Interpreter:)
11 Think about this. She works all night and then I
12 have to bring her to the meeting. If I had \$50,000
13 or \$40,000, I could have hired two or three people.
14 One of them could bring me to the meeting, but right
15 now, I have to make her suffer because it's the only
16 way I have to come to these meetings. Thank you.

17 MS. BEAUREGARD: Thanks for
18 sharing that, Arthur, and I think this is just an
19 issue that we're really going to want to continue to
20 get updates on and we hope to see that something
21 will be set in motion this year.

22 It's just been a long process
23 already where people have been waiting, and I know
24 you've got a ton of it on multiple sides but it
25 seems like----

1 MS. COLLINS: We just really
2 liked that change.

3 MS. BEAUREGARD: Well, and I
4 think it's a change that has already changed
5 expectations. The amount of information shared,
6 even though it wasn't official, wasn't finalized, I
7 think was something that people were really looking
8 forward to and feel like they need.

9 So, we'll keep that on the
10 agenda; and if there's any information you can share
11 before our next meeting which I know is two months
12 from now.

13 MR. CAMPBELL (By Interpreter:)
14 I know that you all are getting tired of me bringing
15 this issue up but it's not only her. There's lots
16 of other people like her.

17 INTERPRETER: Thank you,
18 Arthur.

19 MS. BEAUREGARD: Thanks,
20 Arthur.

21 MR. CAMPBELL (By Interpreter:)
22 We make it work.

23 INTERPRETER: We make it work.
24 I know what you said, that you're putting me out.

25 MR. CAMPBELL (By Interpreter:)

1 Burning you out.

2 INTERPRETER: Burning me out?

3 MS. BEAUREGARD: And we know

4 it's an issue for a lot more people, too. That's

5 why we keep bringing it up.

6 There was a question or an

7 issue that Arthur brought up at the last TAC meeting

8 and I just wanted to see if there was anything else

9 that you could say about home health agencies----

10 MS. SMITH: The holidays?

11 MS. BEAUREGARD: Yes.

12 MS. SMITH: So, we reached

13 directly out to the agency and they denied it that

14 they were doing that. So, Arthur, if you can have

15 the people----

16 INTERPRETER: I am the person.

17 MS. SMITH: You are. Okay.

18 INTERPRETER: I am the person.

19 If I work the holidays, I don't get paid. We are

20 told that we are not to go on the holidays by

21 Bonnie.

22 MS. SMITH: Bonnie.

23 INTERPRETER: Bonnie is the

24 head lady.

25 MS. BEAUREGARD: Do you have it

1 in writing?

2 INTERPRETER: No.

3 MS. BEAUREGARD: Well, and you
4 don't want to get in trouble. I'm assuming other
5 people have been told the same thing?

6 INTERPRETER: Yes.

7 MS. SMITH: I will follow back
8 up with her because April and I - I mean, we did.
9 We went to them and we said we're also being told
10 that you can only go to one particular store for
11 groceries and that's not person-centered, and if the
12 person wants to get their groceries at Walmart
13 versus Kroger or wherever, Meier or wherever that
14 they would like to go, that that is up to the
15 individual. They're paying for their groceries and
16 you can't determine where the groceries are going to
17 come from.

18 INTERPRETER: I still go
19 wherever he wants me to go but I did talk with her
20 about transportation, and Almost Family, they are
21 putting it out there that they are offering
22 transportation but we was on the phone and she
23 basically said that that company particularly does
24 not provide transportation, even though the waiver
25 states----

1 MS. SMITH: It's part of the
2 services, yes.

3 INTERPRETER: ----it's part of
4 the waiver but she's saying that's not our policy.

5 MR. CAMPBELL (By Interpreter:)
6 May I ask? Can you look into it and see if my
7 budget is paying the agencies for the holidays, and
8 if they don't pay my aide, I want some of my money
9 back.

10 MS. SMITH: So, we will follow
11 up----

12 INTERPRETER: No. We are told
13 not to work the holidays.

14 MS. SMITH: We will reach back
15 out to them and I will do a little more digging into
16 looking at the claims. Absolutely, we will go back
17 to them.

18 MR. CAMPBELL: Thank you.

19 MS. BEAUREGARD: You think it's
20 more widespread than that other than this particular
21 agency?

22 INTERPRETER: It's this agency.
23 I'm not sure about any other agency.

24 MS. MOODY: My dad has an aide
25 and they don't work any holidays. They're told they

1 don't work on holidays.

2 MS. BEAUREGARD: So, you think
3 it's the same agency?

4 INTERPRETER: We used to could.
5 We used to could for the discretion of our patients
6 because they don't know. They at the office, they
7 at the office, they don't know Arthur. They don't
8 know what it takes to get him ready to start his
9 day, and if he don't have nobody----

10 MS. SMITH: Well, you shouldn't
11 be able to tell somebody you can't take a bath on a
12 holiday.

13 MS. MOODY: My dad's aide said
14 they don't work on holidays.

15 MS. SMITH: What agency is
16 that?

17 MS. MOODY: Senior Helpers.

18 MS. BEAUREGARD: So, it sounds
19 like it's more widespread.

20 MS. SMITH: I'll look into it a
21 little bit more.

22 MS. BEAUREGARD: Can you reach
23 out to the home health aides directly?

24 MS. SMITH: A lot of times, we
25 won't know particularly----

1 INTERPRETER: I could call my
2 sister. She works for the same company.

3 MS. SMITH: Yes. I was going
4 to say, if you can and you can----

5 MS. BEAUREGARD: I'm just
6 wondering because the companies aren't going to tell
7 you what they're doing.

8 MS. SMITH: I'll give you a
9 contact before we leave that you can give April.
10 I'll give you our phone numbers and you can call us
11 and that way we can look into it that way, but I
12 have some other ideas of how I can look at some of
13 the data.

14 MS. BEAUREGARD: Is there any
15 way that people can report these things anonymously
16 so they don't get in trouble to you?

17 INTERPRETER: Ombudsman.

18 MS. SMITH: We take any of
19 those complaints that we get or any concerns that we
20 get seriously. So, even if you wanted to report
21 them to us, if you call the main number and you can
22 speak to any of the Branch Managers or myself, but
23 we'll take that and look into it, absolutely.

24 MS. COLLINS: Could you do like
25 somewhat of a tax sheet audit in terms of who----

1 MS. SMITH: So, that's
2 something. I can look at some of the claims and
3 look at the billing for the holidays. So, I think
4 there's some ways that we can get at the data, but
5 anytime that we have anything that can pinpoint that
6 information, that helps. And, so, the staff, we
7 take very seriously any of those concerns and those
8 issues and we'll go all the way with them.

9 MR. CAMPBELL (By Interpreter:)
10 Should I write you a formal letter?

11 MS. SMITH: If you want to send
12 me an email, Arthur, you can absolutely do that.
13 You don't have to, but if you want to do that just
14 to have it documented, you can do that.

15 MR. CAMPBELL (By Interpreter:)
16 It might cover your behind.

17 MS. BEAUREGARD: Well, thank
18 you for looking into it, Pam, and hopefully we can
19 get that fixed.

20 If a letter could go out to
21 the beneficiaries saying these are your rights just
22 as a reminder, that would be another way that they
23 would have a letter that say, no, this is DMS
24 policy. I can shop where I want to, I can have an
25 aide on the holidays and just have that in their

1 hands would be a good tool.

2 So, the next item on the
3 agenda is one that we've had on here for way too
4 long and I hope that we will be able to take it off
5 soon. It's ADA guidelines related to making
6 accommodations for people with disabilities to
7 participate in TA and MAC meetings.

8 And at our last meeting, I
9 believe, Stephanie Bates had said that this is
10 something that DMS was going to do. We had been
11 asking for specifically a policy in writing that
12 could outline what services DMS would either provide
13 or reimburse for and how people can do that, so, how
14 you can actually make a request for that kind of
15 assistance or accommodation.

16 So, is there a status update
17 there?

18 COMMISSIONER LEE: Are you
19 talking about just TAC members?

20 MS. BEAUREGARD: TAC and MAC.
21 So, advisory members. You also have other advisory
22 roles within the Cabinet. I would hope that it
23 would apply to any advisory role, but we're not
24 talking about just any person who would be coming to
25 a public open meeting. We're talking about people

1 who are serving in an official capacity.

2 MR. CAMPBELL (By Interpreter:)

3 If you do that and have the meeting over that issue
4 and work out some details of----

5 MS. BEAUREGARD: If there's a
6 separate meeting?

7 MR. CAMPBELL: Yeah.

8 MS. SMITH: Absolutely, Arthur.

9 MS. BEAUREGARD: If you can
10 send a written policy that you could write and send
11 to us for input and Arthur can----

12 MS. SMITH: The one thing that
13 I do have, I spoke with Kelly with CCDD right before
14 we came down and I'll send this and we can share, is
15 their policy and they actually cover some things
16 that I didn't realize that they covered. I know
17 their funds are limited but it is something that
18 they do. They cover for any like advocacy meeting,
19 any town halls, those things. So, I will send that.

20 MS. COLLINS: I think it's
21 important to remember, Medicaid has a legal
22 responsibility. It's not about CCDD having funds.

23 MS. SMITH: This will cover
24 people outside of like TAC and MAC.

25 MS. COLLINS: But this is about

1 having the members in an advisory capacity. I feel
2 like we're going - just to clarify again, it is for
3 advisory committee members. No one on this
4 committee ever asked for just the general population
5 going to these meetings.

6 MR. CAMPBELL (By Interpreter:)
7 May I say one more thing? I won't be around
8 forever, and if you bring someone else with
9 disabilities on the committee, two things. They
10 have been programmed to be quiet and nice and they
11 won't be like I have. So, I am doing this right now
12 for them.

13 MS. BEAUREGARD: Yes. And it's
14 not just Arthur's participation. It's not only
15 other people who may currently be serving, but we
16 really think that by offering these accommodations,
17 more people with disabilities would feel like they
18 were able to serve in these capacities. We'd have
19 better input from the people who receive Medicaid
20 services.

21 So, this is definitely about
22 ensuring that people are represented and can
23 meaningfully participate and we think that right now
24 people probably are discouraged from participating.

25 MS. HUGHES: The state law for

1 the TACs does specifically state that we will
2 provide travel and so forth, so, if they are on the
3 TAC or the MAC.

4 MS. BEAUREGARD: The statute
5 doesn't address these other issues.

6 MS. HUGHES: Right, but can I
7 finish? Federal law also comes in on the ADA and
8 requires that we do provide ADA compliance which we
9 are and we do provide it.

10 MS. COLLINS: Just reference
11 the letters. Just reference----

12 MS. BEAUREGARD: I feel like
13 we're back huddling again because ADA compliance in
14 terms of the building and parking is one thing. We
15 are not disputing that.

16 MS. HUGHES: No, no. I'm not
17 talking about the building. I'm talking----

18 MS. BEAUREGARD: Well, we still
19 haven't ever been given a policy or a process for
20 how people with disabilities can get these services
21 that are outlined here - the personal assistance,
22 interpretive services, transportation, overnight
23 accommodations when necessary.

24 That's all we're asking for
25 and so far we've only been told mileage----

1 COMMISSIONER LEE: I'll circle
2 back with Stephanie to see what she has done on this
3 and then we'll get something to you.

4 MS. COLLINS: And I would
5 reference the letters.

6 MS. BEAUREGARD: And we can
7 help with the policy if it would be helpful.

8 MS. COLLINS: And I think the
9 letters outlines exactly what has been requested.
10 The goal really is to ensure that people with
11 disabilities are included. We're trying to help.

12 There's the IDD TAC. No one
13 with a disability continue to not come to those
14 meetings even after they're appointed. We don't
15 believe that they even know that there are resources
16 that ADA does protect them. They don't know.

17 So, we're just trying to work
18 with Medicaid to make sure that people have the
19 knowledge and information to be able to fill
20 confident in applying and knowing that they have the
21 resources and support.

22 MS. BEAUREGARD: We don't want
23 it to be a burden on someone to participate because
24 they have to pay for the personal assistance
25 themselves or for the transportation and so on

1 because that means that, right off the bat, they're
2 not going to feel like they have the resources or
3 the ability to participate.

4 MS. HUGHES: One of the things
5 is that the State travel regulations do not allow us
6 to pay for the personal assistance. So, we're
7 paying those through a different avenue which is
8 dependent upon the individual person.

9 So, we can't give you a
10 blanket statement that says how we're going to cover
11 that personal assistant.

12 MS. BEAUREGARD: Well, we
13 haven't even been given guidelines for how a person
14 with their own personal circumstances would request
15 their personal assistance be covered or reimbursed
16 by the State. So, that's where we're at.

17 MS. HUGHES: I think there's
18 been a couple of times we put in there, if anyone
19 needed any special accommodations or any assistance
20 to contact me in a couple of the letters we've
21 responded to you all.

22 MR. CAMPBELL (By Interpreter:)
23 The problem with that is after you and I have----

24 MS. BEAUREGARD: We need a more
25 official policy, I think. So, just for instance,

1 I'm not asking for the procedure. That's internal.
2 I'm asking for a policy that says something to the
3 effect that DMS will provide for or reimburse for
4 these services for people with disabilities who need
5 them in order to meaningfully participate in an
6 advisory capacity.

7 And, then, the how that
8 happens could be here's a particular contact. As
9 far as where it gets reimbursed from, that's not our
10 concern. It's just that there needs to be a policy
11 and, then, some official process.

12 MS. SMITH: You need to
13 understand the method for how you're going to go
14 about getting it.

15 MS. BEAUREGARD: Yes. While I
16 understand on an individual-by-individual basis,
17 maybe you're going to use different funds or
18 something, but there needs to be a policy where
19 people know that DMS has this responsibility and has
20 a process for handling individual needs.

21 MR. CAMPBELL (By Interpreter:)
22 I don't mind advocating for other people but I hate
23 when it involves me personally. I hate it. I hate
24 it. I hate it.

25 MS. HUGHES: I understand,

1 Arthur.

2 MS. BEAUREGARD: Lisa, if you
3 could get back to us on that or Stephanie could get
4 back to us on that. If there's some way that we
5 could help in creating the policy or just provide
6 input, we're happy to do it.

7 We just want to see this move
8 forward and be resolved so that we can move on to
9 other issues.

10 And it would be a great way
11 for us to be able to actually put information out to
12 people in the disability community that this is now
13 official policy, and if you have ever been
14 interested in participating in an advisory capacity
15 and never felt like you could, we want you to know
16 that these services or this support is available.

17 MS. HUGHES: I need to leave.
18 There's one thing I wanted to correct. On the
19 agenda, you've got the MAC meeting in March being at
20 the Capitol Annex. It's not going to be there.
21 It's going to be over at Public Health Conference
22 Room A and B over at the old side of this building.

23 So, I just wanted to make sure
24 everybody that's in the room was aware.

25 MS. BEAUREGARD: Thank you.

1 The next item on the agenda is our recommendations.
2 I have been taking notes, and, so, I'll just tell
3 you what I think we might want to recommend, and,
4 then, I you have thins to add or ideas, we can
5 discuss those.

6 The first is that DMS work
7 with the Consumer TAC to create a call center
8 information page - instead of a one-pager, we'll
9 just call it an information page - but for all call
10 centers.

11 The next is that DMS work with
12 the Consumer TAC to update the copay Fact Sheets.

13 The next is that DMS move
14 forward with an increase in I think Home- and
15 Community-Based Services----

16 MS. COLLINS: I think it's a
17 PDS rate.

18 MS. BEAUREGARD: PDS. Thanks.
19 With an increase in PDS rates while the rest of the
20 1915(c) redesign process continues.

21 And, then, the last one was
22 that DMS send a letter to waiver beneficiaries
23 outlining their rights related to holidays and
24 shopping. I don't know if we want to be that
25 specific but that somehow that beneficiaries get

1 just a reminder on official letterhead where they
2 can show their aides and the aides can show their
3 agencies that these are the rights of beneficiaries
4 so that there's no question.

5 And that, I think, is easier
6 for aides because when you report things, I'm sure
7 you sometimes get some backlash.

8 Those are my thoughts. Any
9 other ideas or suggestions? Do you want me to read
10 back through those? Do we want to say holidays and
11 shopping or do we want to be less specific? Is it
12 just related to those two issues?

13 INTERPRETER: Well, shopping is
14 not because I still go wherever he needs. And I
15 think I'm just not speaking for myself. I think a
16 lot of us. When you get comfortable with your
17 client, you all form a relationship. So, it's you
18 all against the company. So, you work it out what's
19 best for the client.

20 MS. BEAUREGARD: So, you don't
21 think that it's necessary for that, just the
22 holidays?

23 INTERPRETER: Just holidays.

24 MS. BEAUREGARD: Okay. So, I
25 will go through these and - actually, if people

1 don't have any changes to them, I can just ask for a
2 motion and a second and, then, we can just approve
3 them all. So, a motion to approve our
4 recommendations?

5 MR. CAMPBELL (By Interpreter:)
6 I want to stay out of it because I fought for it.

7 MS. DEMPSEY: I'll make a
8 motion.

9 MS. BROWN: Second.

10 MS. BEAUREGARD: All in favor,
11 say aye. Any opposed? Our recommendations are
12 approved. Thank you all very much.

13 The next MAC meeting is March
14 26th at 10:00 and that will be, as Sharley said, in
15 the Public Health Conference Room. And, then, our
16 next TAC meeting is going to be on April 21st and
17 that should be in this room.

18 We're adjourned.

19 MEETING ADJOURNED
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